IPDR6702				NORTH CAROLINA				
RUN DATE: 0	9/14/2008			IPRS CHECKWRITE SUMMARY REPORT				
				CHECKWRITE DATE: 9/16/2008 FINANCIAL PAYER: NCDMH				
				THREETE TAILE. ROMI				
n outronn					mva	moma v	TOTAL	TOTAL
ROVIDER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL DENIALS	CLAIMS FINALIZED	CLAIMS
3404901	SMOKY MOUNTAINM H/DD/SAS	3101	2225	THE TAXONOMY CODE FOR THE ATTE NDING PROVIDER				
	II/ DD/ SAS			IS MISSING				
		3102	813	THE TAXONOMY CODE FOR THE BILL ING PROVIDER	25	4259	5749	149
				IS MISSING				
		8800	371	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
2404004	I I I I I I I I I I I I I I I I I I I	2225	200	A STATE OF THE PARTY OF THE PAR				
3404904	WESTERN HIGHLAN DS LME	8326	390	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
		8800	207	FURTHER PROCESSING NECESSARY,	0	1405	8302	689
		8800	307	PLEASE CHECK FOR CLAIM ON	0	1405	0302	003
				FUTURE RA'S.				
		0524	015					
		8534	215	SERVICE FACILITY LOCATION IS N OT A VALID IPRS				
				ATTENDING PROVIDER, OR THE NPI				
240	Damilla Vo							
3404910	PATHWAYS	8534	912	SERVICE FACILITY LOCATION IS N OT A VALID IPRS	1			
				ATTENDING PROVIDER, OR THE NPI				
		8800	180	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	0	1385	7604	621
				FUTURE RA'S.				
		21	77	DUPLICATE OF CLAIM-SYSTEM				
3404912	MENTAL HEALTH P	8505	21	CLAIM DENIED DUE TO INSUFFICIE				
	ARTNERS			NT BUDGET				
		8326	13	ATTENDING PROVIDER NUMBER WAS	0	50	1484	143
				NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
				INIS CHAIM OR THE NET SOBNITTE				
		8000	7					
				RICE THIS CLAIM DETAIL				
3404913	MECKLENBURG COM	8800	450	FURTHER PROCESSING NECESSARY,				
	ENTAL HEALT			PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8599	197	DETAIL NOT COVERED BY COMBINAT	0	750	2175	142
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		143	41	CLIENT ID NUMBER NOT ON STATE				
				ELIGIBILITY FILE				
3404916		8326	488	ATTENDING PROVIDER NUMBER WAS				
	VIORAL HEAL			NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE		1		
		8536	243	ATTENDING PROVIDER TYPE AND SP	0	1091	6916	582
				ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR	1			
		8800	213	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				-
3404917	CENTERPOINT HUM	8800	146	FURTHER PROCESSING NECESSARY,				
	AN SERVICES			PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				-
		23	60	SERVICE REQUIRES PRIOR APPROVA	0	320	5083	476
				L				
					1			
		8533	3.9	SERVICE FACILITY LOCATION CANN				—
			33	OT BE AN ATTENDING PROVIDER				
				IDENTIFIED AS AN INDIVIDUAL.				
2404010	GUILFORD CO MEN	8800	400	FURTHER PROCESSING NECESSARY,				-
2404313	TAL HEALTHC	8800	499	PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		2000	0	DEMANY NOW COMPANY BY COMPANY		10	40	2
		8599	293	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	0	1080	4994	391
				BENEFIT PACKAGE.				
		8537	181	PROCEDURE IS NOT PAYABLE FOR Y				
				OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN	1			
	<u> </u>		<u> </u>			<u> </u>		
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	I	1	1	T			TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
2404020	ALAMANCE CASWEL	5404	28	SEVERE DUPLICATE: SAME ATTD PR				
3404920	L AREA MH D	5404	28	OV/PCODE/TOS/DOS/MOD				
		8326	12	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON	0	54	894	840
				THIS CLAIM OR THE NPI SUBMITTE				
		21	5	DUPLICATE OF CLAIM-SYSTEM				
3404921		8326	151	ATTENDING PROVIDER NUMBER WAS				
	HATHAM AREA			NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
				THE CENTER OF THE REE CONTEST				
		8961	151	ATTENDING PROVIDER NPI IS MIS	0	737	4009	3272
				SING. ATTENDING PROVIDER IS				
				TYPICAL. PLEASE RESUBMIT WITH				
		8599	119	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404922	THE DURHAM CENT	8800	45	FURTHER PROCESSING NECESSARY,				
5101922	ER ER	0000	- 13	PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
			41	DUDY YOURS OF OUR TWO OVERSOR	0			2.4-
		21	41	DUPLICATE OF CLAIM-SYSTEM	0	90	437	347
		1						
		8599	3	DETAIL NOT COVERED BY COMBINAT				
		+		ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				DATE I INCOME.				
3404923	FIVE COUNTY MH	11	515	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
		8326	102	ATTENDING PROVIDER NUMBER WAS	0	718	3191	2473
				NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
		8800	10	FURTHER PROCESSING NECESSARY,				
		8800	10	PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404925	SANDHILLS CENTE	8800	634	FURTHER PROCESSING NECESSARY,				
	R FOR MH/DD			PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		8599	117	DETAIL NOT COVERED BY COMBINAT	22	981	12574	11593
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				BENEFII PACKAGE.				
		21	93	DUPLICATE OF CLAIM-SYSTEM				
3404926	SOUTHEASTERN RE	8505	50	CLAIM DENIED DUE TO INSUFFICIE				
	G MENTAL HL			NT BUDGET				
-		79		THIS SERVICE IS NOT PAYABLE TO	0	203	3456	3253
		79	41	YOUR SUBMITTED BILLING	0	∠03	3456	3253
				PROVIDER TYPE AND SPECIALTY IN				
				PROPERTY NAME OF PERSONS ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT ASSESSME				
		8599	30	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404927	CUMBERLAND CO M	8599	236	DETAIL NOT COVERED BY COMBINAT				
	HC	1		ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		1						
		8622	150	60 RESIDENTIAL LEVEL II TREATM	0	608	2312	1704
		1		ENT RECEIVED, PA IS REQUIRED				
		+		FOR ADDITIONAL SERVICE.				
		8988	121	CLAIM DENIED, ATTENDING PROVID				
				ER WAS NOT				
		1		ENDORSED/LICENSED/CERTIFIED				
3404930	JOHNSTON COUNTY	8326	318	ATTENDING PROVIDER NUMBER WAS				
2.10.2530	MNTL HLTHC	0320	310	NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
-		3411	153	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED	0	652	2885	2233
		1		4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
		8599	98	DETAIL NOT COVERED BY COMBINAT				
		-		ION OF RECIPIENT, PROVIDER AND				
		+		BENEFIT PACKAGE.				
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							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404931	WAKE CO HUM SVC	8599	22	DETAIL NOT COVERED BY COMBINAT				
	BILLING OF			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		191	16	CLIENT ID NUMBER DOES NOT MATC	6	65	566	50
				H PATIENT NAME				
		8931	6	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404933	SOUTHEASTERN CT	8505	705	CLAIM DENIED DUE TO INSUFFICIE				
	R FOR MH/DD			NT BUDGET				
		8536	41	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT	0	778	4192	341
				VALID FOR SUBMITTED BILLING PR				
		8326	7	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
2404024	01101 011 01 DWDDD	0206	0.50	AMBRICANIA PROJECTOR AND				
3404934	ONSLOW CARTERET BEHAV HEAL	8326	262	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
		8599	107	DETAIL NOT COVERED BY COMBINAT	0	575	1565	99
		6333	107	ION OF RECIPIENT, PROVIDER AND	0	373	1303	23
-				BENEFIT PACKAGE.				
		11	84	CLIENT NOT ELIGIBLE ON SERVICE				
		11	04	DATE				
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR		Ü					
		0	0		0	0	0	
3404937	THE BEACON CENT	11	149	CLIENT NOT ELIGIBLE ON SERVICE				
3101337	ER ER		119	DATE				
		8536	6	ATTENDING PROVIDER TYPE AND SP	0	157	2257	210
		*****	-	ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
		8505	2	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
3404939	EAST CAROLINA B	8800	390	FURTHER PROCESSING NECESSARY,				
	EHAVIORAL H			PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		21	99	DUPLICATE OF CLAIM-SYSTEM	6	683	6112	542
		7001	58	EXCEEDS THE ONE PER DAY LIMITA				
				TION				
3404942	EAST CAROLINA B	0	0	*** NO DATA TO REPORT ***				
	EHAVIORAL H							
		0	0		0	0	0	
		<u> </u>						
	ALBEMARLE MENTA	3411	90	PROVIDER TYPE AND SPECIALTY 07				
	L HEALTH CE	1		4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
		8599	22	DETAIL NOT COVERED BY COMBINAT	1	187	1752	156
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8564	20	SERVICE EXCEEDS THE ALLOWABLE OF ONE OCCURRENCE WITHIN AN				
				ELIGIBILITY PERIOD.				
240404	DACTDOINED 1173-	225		ATTENDING DROUTERS WINDS				
3404944	EASTPOINTE HUMA N SERVICES	8326	783	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
		8536	67	ATTENDING PROVIDER TYPE AND SP	0	872	2373	150
		0.330	02	ECIALTY COMBINATION IS NOT	U	072	2373	130
				VALID FOR SUBMITTED BILLING PR				
		79	10	THIS SERVICE IS NOT PAYABLE TO				
			10	YOUR SUBMITTED BILLING				
-				PROVIDER TYPE AND SPECIALTY IN				
3404946	FOOTHILLS AREAM	0	n	*** NO DATA TO REPORT ***				
	ENTAL HEALT		Ü	-				
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		0	0		0	0	0	
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	t .	1		1	1	1	1	

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404949	PIEDMONT BEHAVI	8000	544	NO RATE AVAILABLE ON FILE TO P				
	ORAL HEALTH			RICE THIS CLAIM DETAIL				
		3101	492	THE TAXONOMY CODE FOR THE ATTE	0	2168	11168	9000
				NDING PROVIDER				
				IS MISSING				
		191	249	CLIENT ID NUMBER DOES NOT MATC		· ·		
				H PATIENT NAME				